

Name
in
Full

CERTIFICATE OF DEATH

Mrs H. E. Austin

Town

County

MARYLAND

Died at Boyds

Montgomery

Months

Days

Date of death 1909 July

Day

9

Age

34

Sex

Female

Color or
Race

Caucasian

Birth-
place

Boyd

Occupation

House-Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Alfred Austin

Father's
Name

John W. Knott

Father's
Birthplace

Boyd

Mother's
Maiden Name

Sarah Mayell

Mother's
Birthplace

Boyd

Name of person giving
Information

Alfred Austin

How related
to deceased

Husband

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

18 Months

Immediate

Exhaustion

How long

2 Weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. C. Etchison

Address

Garthursburg
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

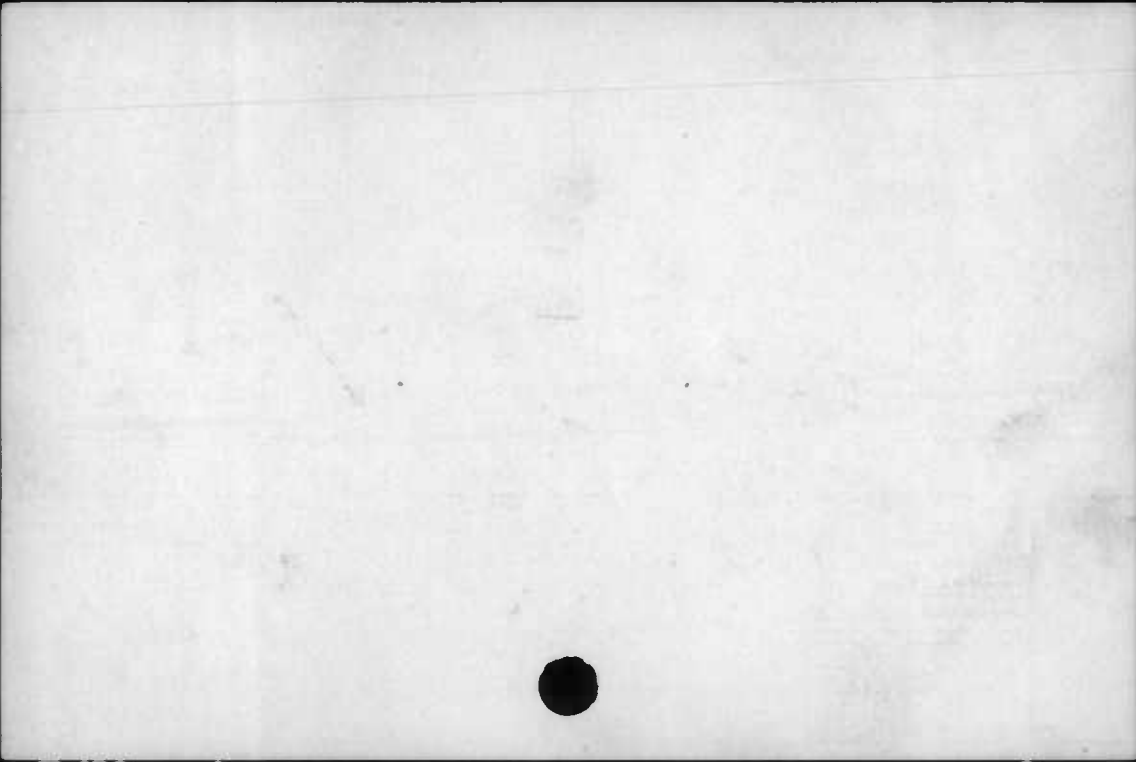
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dakoma Park</i> Town <i>Montgomery</i> County		MARYLAND	
Date of death <i>1909 July 13</i>	Month <i>July</i>	Day <i>13</i>	Age <i>24</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>H.C.</i>	Months <i>7/18</i>
Occupation <i>clerk</i>	Where Residing if not at place of death <i>19 St. Wash. D.C.</i>		
Married Single or Widowed	Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm H.C. Bayly</i>	Father's Birthplace <i>H.C.</i>		
Mother's Maiden Name <i>Emily G. Packard</i>	Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Charles C. Bayly</i>	How related to deceased <i>brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred T. Parsons</i>
	Address <i>Dakoma Park, H.C.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Beck

Died at *Bethesda Hospital* Town *Farmington* County *Montgomery*
 Date of death 1909 *July* Month *3* Day *8* Age *0* Years *8* Months *19* Days

MARYLAND

Sex *Female* Color or Race *white* Birth-place *D.C.*

Occupation *none* Where Residing if not at place of death ☒

Married, Single or Widowed *single* Name of Wife or Husband ☒

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Virginia Beck* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs. W. M. Kilbenny* How related to deceased *none*

CAUSES OF DEATH

105

Primary *Also Colitis* How long *2 weeks*

Immediate *Exhaustion* How long ☒

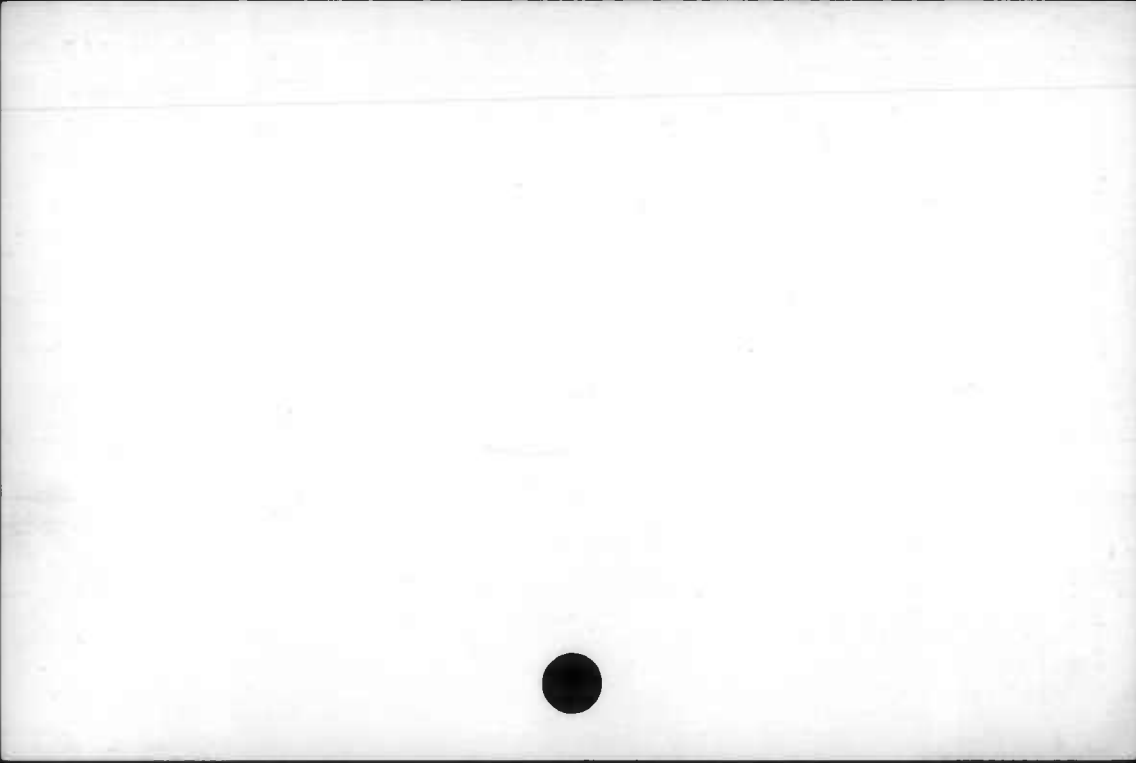
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *John L. Lewis M.D.*

Address *Bethesda, Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Henry Grafton Davis

Died at Brighton

Town

Montgomery

County

MARYLAND

Date of death 1909 July

Month

Day

6

Age

Years

Months

Days

Sex Male

Color or
Race

Negro

Birth-
place

Laytonsville

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name Henry Davis

Father's
Birthplace Laytonsville

Mother's
Maiden Name Hattie Prather

Mother's
Birthplace "

Name of person giving
Information Henry Davis

How related
to deceased Father

CAUSES OF DEATH

173

Primary Lack of Milk (Mother Sick)

How long 3 months

Immediate Exhaustion

How long

Are the name, age, sex, color, data
and place correctly given above? Yes

Signature of
Physician Aug Stabler
Address Brighton

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ethel Waretta Frayier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

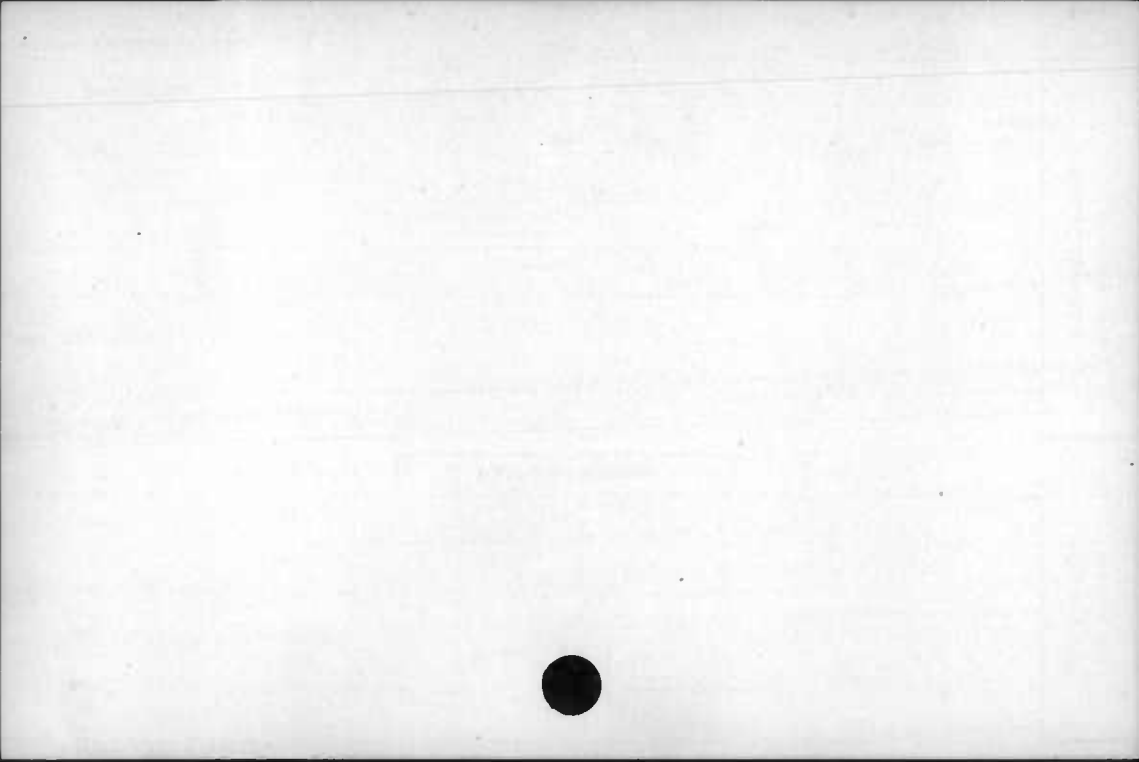
Died at <u>Baithersburg</u> <small>Town</small>		<u>Morgansville</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>July</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>6</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Washington D. C.</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>Charlie Frayier</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Jessie Steward</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Jessie Steward</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

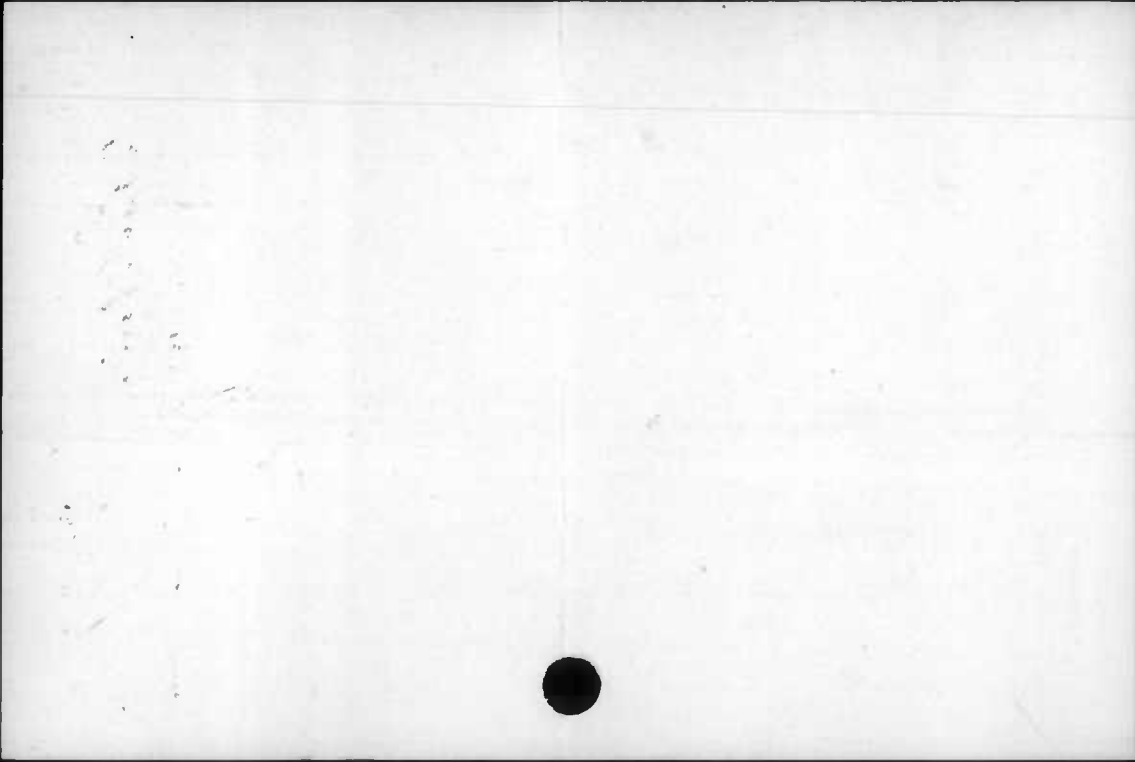
79

PHYSICIAN
OR CORONER

Primary <u>Organic heart lesion</u>	How long <u>5 months</u>
Immediate <u>Exhaustion</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. C. Telchison</u>
	Address <u>Baithersburg Md</u>
Accident or Suicide? <u> </u>	



Name in Full		Samuel G. Gardmon				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Silva Spring		Montgomery		MARYLAND		
	Date of death	1909	July	22	Age	69	Months 7 Days 19	
	Sex	Male		Color or Race	colored		Birth-place	md.
	Occupation	Farmer			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband				Susan Gardner
	Father's Name	John G. Gardmon				Father's Birthplace	md.	
	Mother's Maiden Name	Henrietta Smith				Mother's Birthplace	"	
Name of person giving information	Elizabeth Gardmon				How related to deceased	Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage				How long	64	
	Immediate	Gen. Paralysis				How long	6 mos.	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr. J. Brown			
	Yes.		Address		Silva Spring md.			
	Accident or Suicide?							

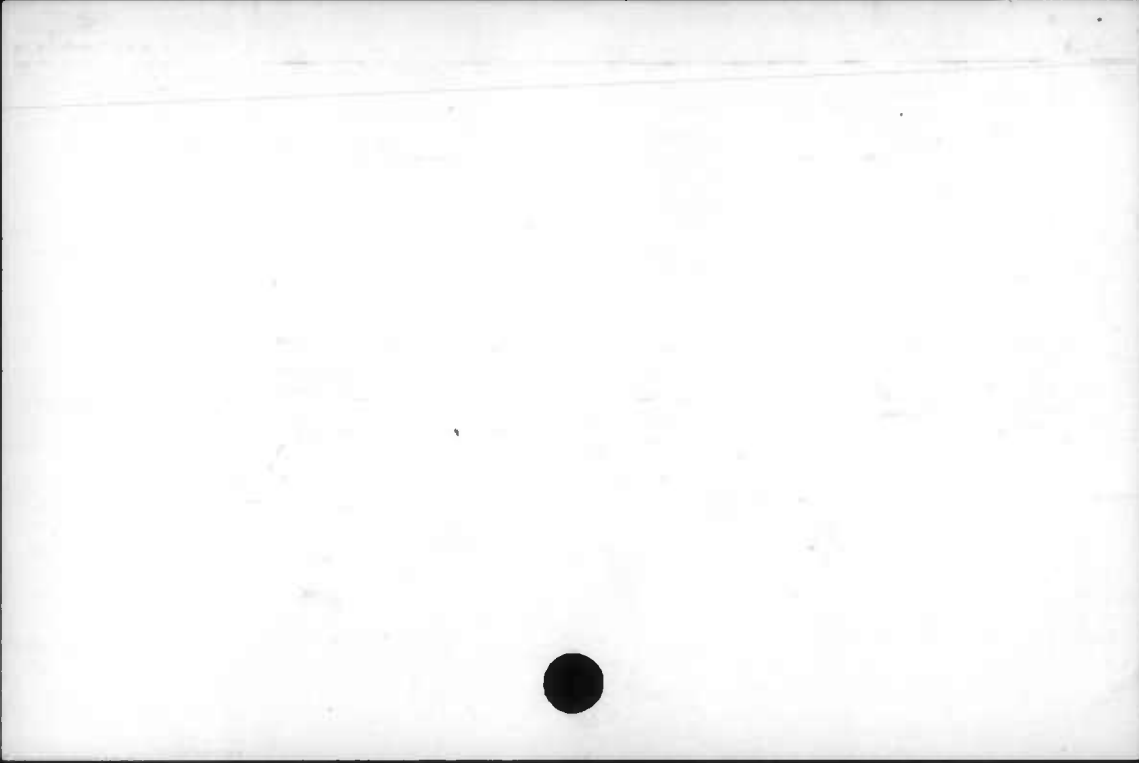


Harman

TO BE ANSWERED BY
NEAREST FRIEND

Primary	Darius		How long	X
Immediate	Steel box		How long	X
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. D. Smith	
		Address	Rockwell	
Accident or Suicide			X	

**PHYSICIAN
OR CORONER**



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Tindus Town Harris County Maryland
Date of death 1909 July Month 19 Day 19 Age — Years — Months — Days 7
Sex Male Color or Race Black Birth-place MD
Occupation — Where Residing if not at place of death Same
Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Albert Harris Father's Birthplace Va
Mother's Maiden Name Ellen White Mother's Birthplace Va
Name of person giving Information Albert Harris How related to deceased Father

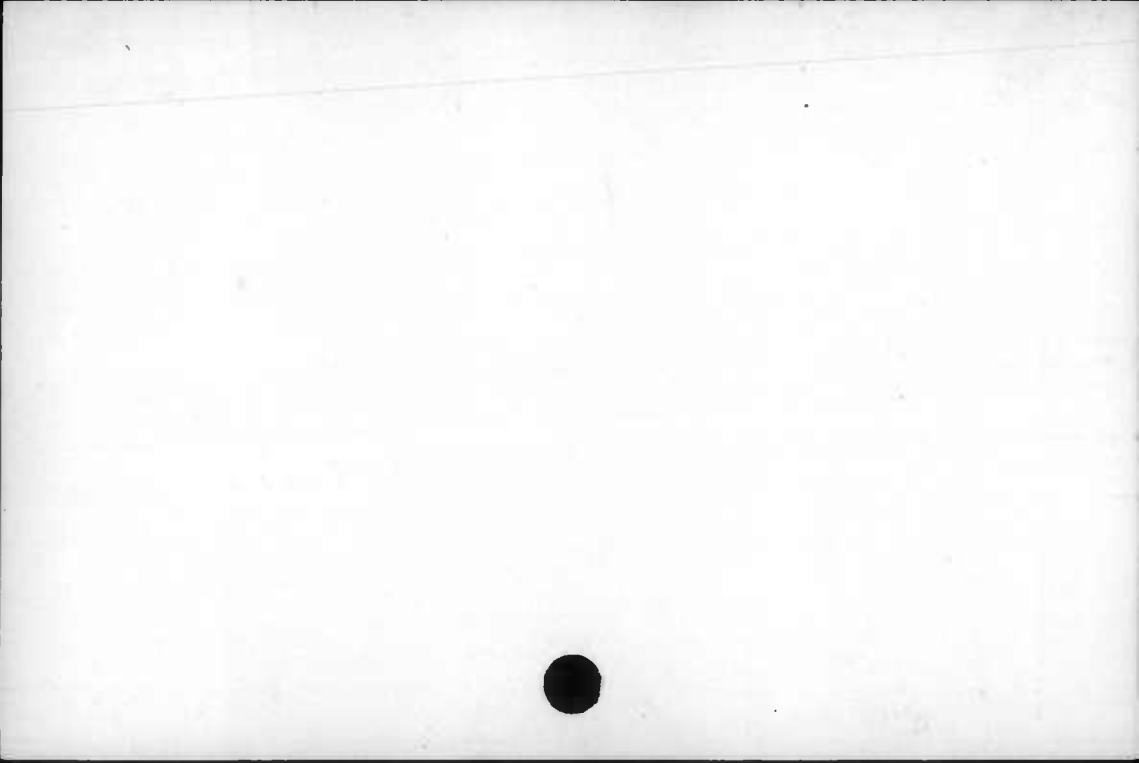
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Don't Know How long —
Immediate Convulsions How long 1 day
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. L. Lewis M.D.
Address Kensington Md
Accident or Suicide no



Name in Full		Levi Hopkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sandy Spring		Montgomery		MARYLAND	
	Date of death	1909	Month July	Day 25	Age 97	Months —	Days —
	Sex	Male		Color or Race	Colored		
	Occupation	Farm work		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Peter Hopkins			Father's Birthplace Montg. Co. Md.		
	Mother's Maiden Name	Lucy Hopkins			Mother's Birthplace Howard Co. Md.		
Name of person giving information				How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(120) X</div>							
PHYSICIAN OR CORONER	Primary	Old age and Senility				How long	
	Immediate	Bright's disease & Dropsy				How long About year	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Chas. Farguhar.		
					Address Olney.		
	Accident or Suicide?				Md.		



Name
in
Full

Earl L. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

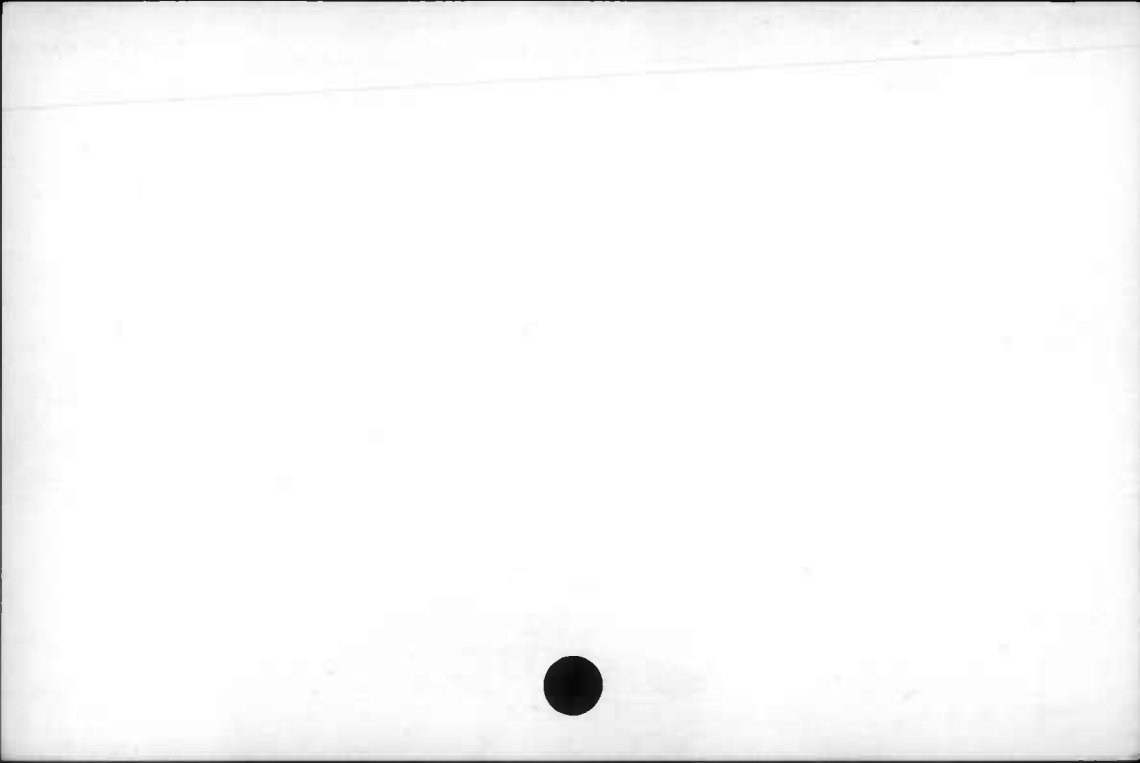
Died at <i>near Damascus</i>		Town <i>Damascus</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month	July	Day	27	Age	—
Sex	Male		Color or Race	Colored		Birthplace	<i>near Damascus, Md.</i>
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	<i>George Jackson</i>				Father's Birthplace <i>Carroll Co., Md.</i>		
Mother's Maiden Name	<i>Edith M. Welch</i>				Mother's Birthplace <i>Montg. Co., Md.</i>		
Name of person giving Information	<i>George Jackson</i>				How related to deceased <i>Father</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Indigestion, acute</i>	How long	<i>a few hours</i>
Immediate	<i>convulsions</i>	How long	<i>2 few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Mrs. M. Boyer</i>
		Address	<i>Damascus</i>
			<i>Md.</i>
Accident or Suicide			



Name
in
Full

Frank Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Goshen*

Town

Montgomery

County

Date of death *1909*

Month

July

Day

18

Age

Years

Months

Days

*6*Sex *Male*Color or
Race*Colored*Birth-
place*near Goshen*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Melvin Thomas Jackson*Father's
Birthplace*Montgomery Co*Mother's
Maiden Name*Lettie Hays*Mother's
Birthplace*" "*Name of person giving
In formation*Melvin Thomas Jackson*How related
to deceased*Father*

CAUSES OF DEATH

*71*PHYSICIAN
OR CORONER

Primary

Tetanus

How long

24 hours

Immediate

Cerebral Paralysis

How long

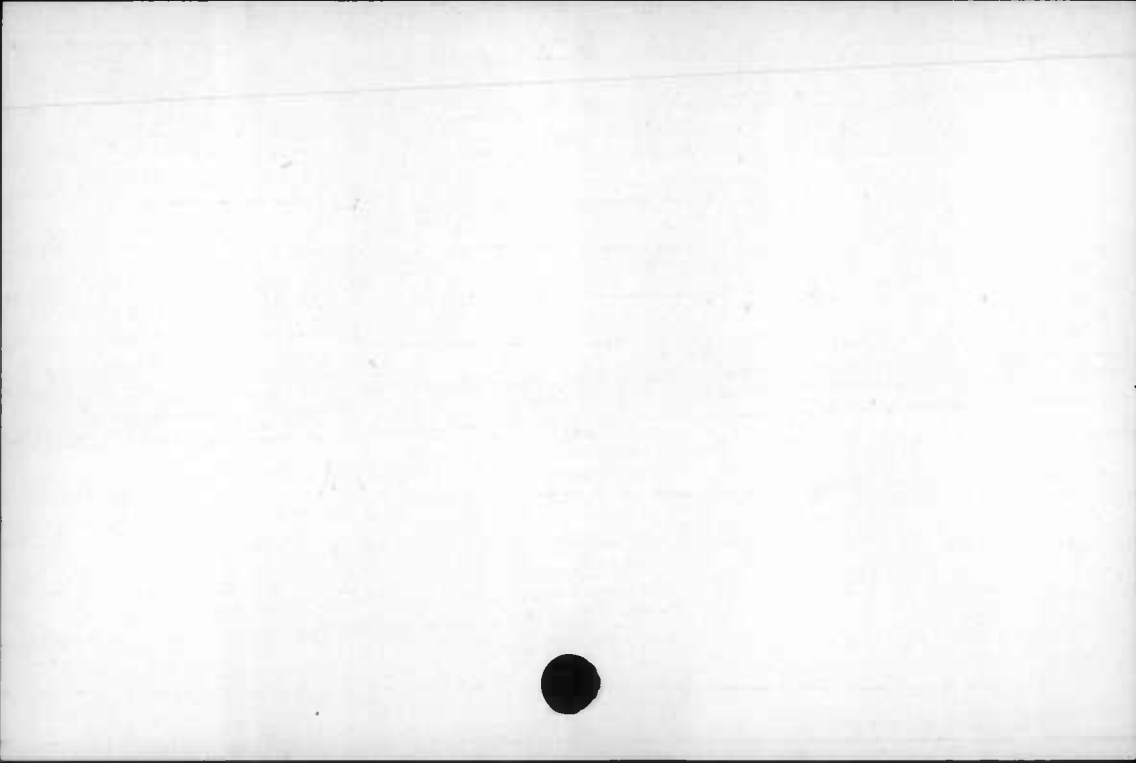
*one hour*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. H. Dyron*

Address

Laytonville Md

Accident or Suicide?

-



Name
in
Full

named Still born child of Mr. & Mrs. Howard V. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>July</i> ^{Month}	<i>17</i> ^{Day}	<i>7 mos.</i> ^{Years}	<i>Factor</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Silver Spring Park Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Howard V. Johnson</i>			Father's Birthplace <i>Chicago Ill.</i>		
Mother's Maiden Name <i>Elizabeth C. Kimmell</i>			Mother's Birthplace <i>Swanton Garrett Co. Md.</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

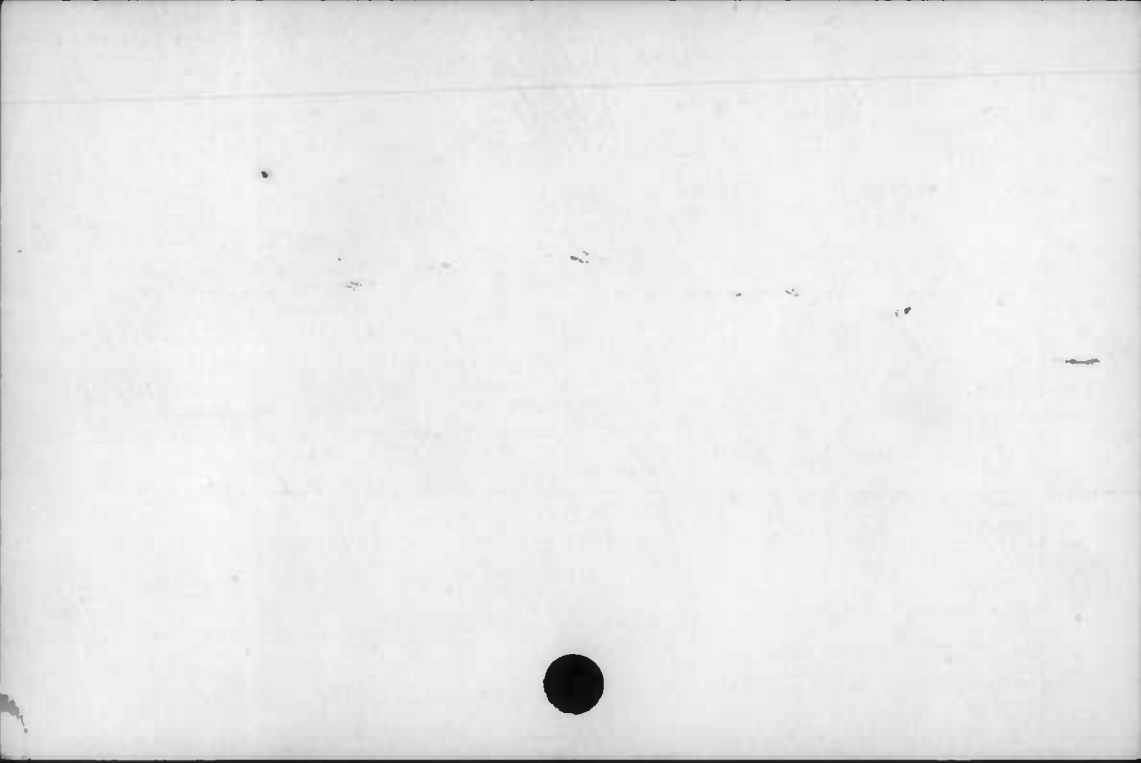
CAUSES OF DEATH

(S) 4

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	How long	<i>-</i>
Immediate	<i>Still born</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lewis B. Thomson</i>	
		Address <i>DR. L. B. THOMSON, SILVER SPRING, MD.</i>	
Accident or Suicide?			

Certificate of Death



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

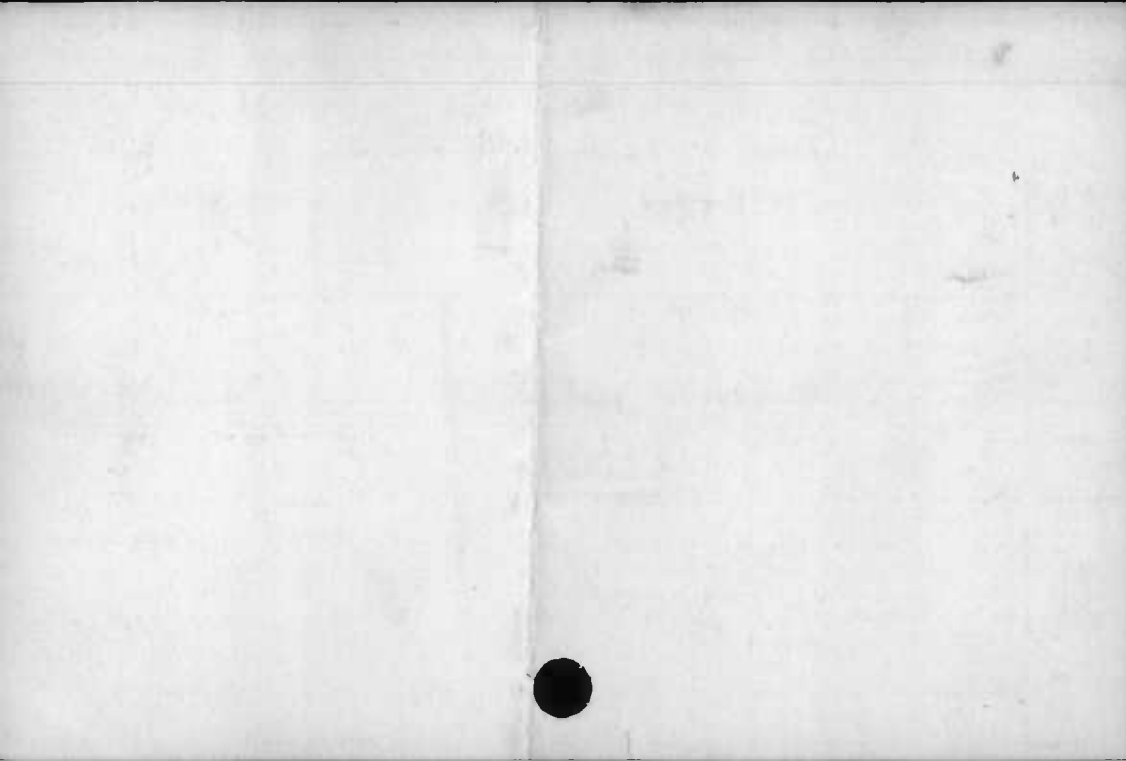
Died at <i>Shides</i> Town <i>Keith</i> County <i>Montg.</i>					
Date of death <i>1909</i>	Month <i>July</i>	Day <i>2</i>	Age <i>2</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Montg Co Md.</i>		
Occupation <i>Nurse</i>		Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Garfield Keith</i>		Father's Birthplace <i>Montg Co Md.</i>			
Mother's Maiden Name <i>Laura Nichols</i>		Mother's Birthplace			
Name of person giving information <i>J. Walter Cochran</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Enter Colitis</i>	How long <i>1 wk</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. Reed</i>
	Address <i>Clarksburg W. Va.</i>
Accident or Suicide?	



Name in Full		Louis Holbrook Lee				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Takoma Park</i>		County <i>Montgomery</i>		MARYLAND		
		Date of death	1909	Month <i>July</i>	Day <i>18</i>	Age <i>72</i>	Months <i>10</i>	Days <i>13</i>
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hyde Park N.Y.</i>			
		Occupation <i>Clerk in Patent Office</i>	Where Residing if not at place of death <i>Takoma Park Md.</i>					
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Holbrook Lee</i>					
		Father's Name <i>Geo. W. Lee</i>	Father's Birthplace <i>Mass.</i>					
		Mother's Maiden Name <i>Laural Holbrook</i>	Mother's Birthplace <i>Conn</i>					
		Name of person giving information <i>Mary H. Lee</i>	How related to deceased <i>Wife</i>					
PHYSICIAN OR CORONER		CAUSES OF DEATH				120		
		Primary <i>Chronic Nephritis</i>				How long <i>5 yrs -</i>		
		Immediate <i>Uremic Coma -</i>				How long <i>about 4 days</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>L. E. Kress - M.D.</i>		
		<i>as far as I am aware</i>				Address <i>Sanitarium</i>		
Accident or Suicide?		<i>Takoma Park - Md.</i>						

L. M. Moore.

Registrar for Takoma Park Md,

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W m^c Abbe*

Town *Washington Grove* County *Montg.* **MARYLAND**

Died at

Date of death 190 *9* Month *July* Day *13* Age *5* Years Months *7* Days *X*

Sex *Male* Color or Race *Colored* Birth-place *md*

Occupation _____ Where Residing if not at place of death *same*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Wm m^c Abbe* Father's Birthplace *md*

Mother's Maiden Name *Martha Stewart* Mother's Birthplace *md*

Name of person giving Information *Grauville Taylor* How related to deceased *none*

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary *Meningitis* How long _____

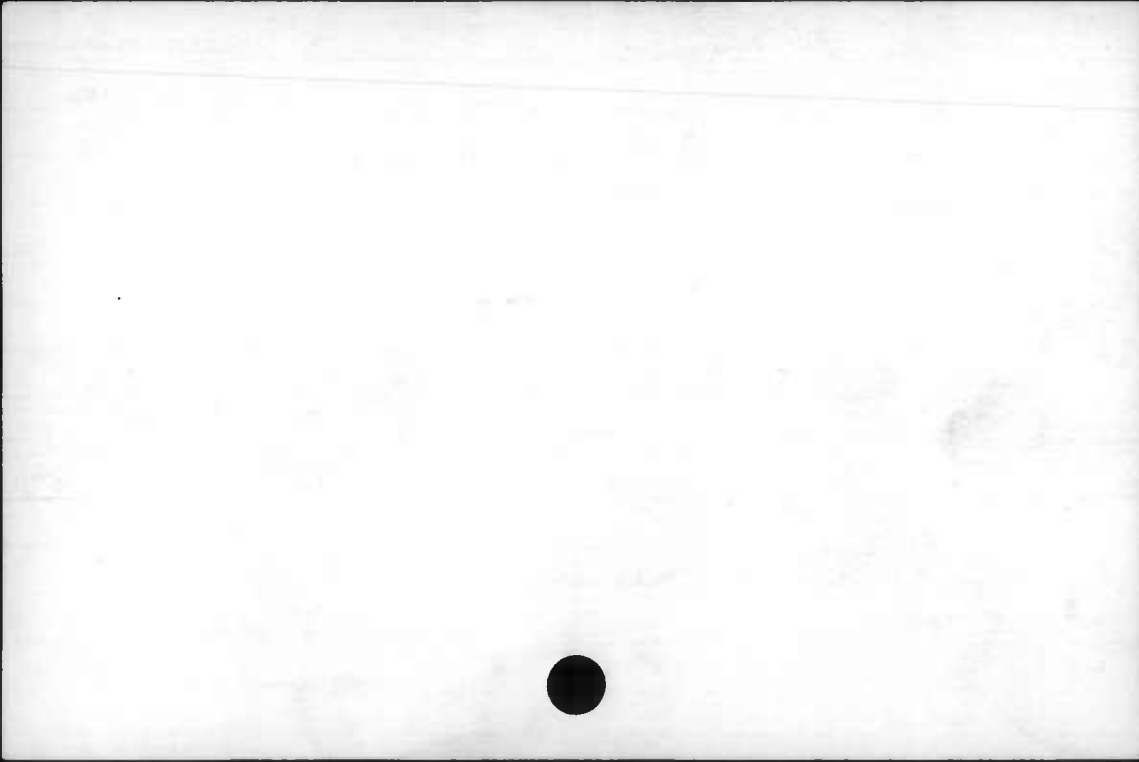
Immediate *Convolutions & Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. B. Haddock*

Address *Walthersburg md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Agnes J. Manuel

Town

County

MARYLAND

Died at Baltimore

Date

of death 1909

Month

July

Day

3rd

Age

Years

Months

Days

16

Sex

Female

Color or
Race

white

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Harry Manuel

Father's
Birthplace

Baltimore, Md

Mother's
Maiden Name

Carrie Cornwell

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

Mother

CAUSES OF DEATH

Primary

measles

How long

12 days

Immediate

Broncho Pneumonia

How long

7 days

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Taylor E. Darcy

Address

Baltimore, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

100



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clara Mercer
Town County

Died at *Barnesville* *Montgomery* **MARYLAND**

Date of death 1909 *July* *29* Age *10* Months *2* Days

Sex *Female* Color or Race *Black* Birth-place *Barnesville*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Richard Mercer* Father's Birthplace *Don't know*

Mother's Maiden Name *Julia Mercer* Mother's Birthplace *Barnesville Md*

Names of person giving Information *..* How related to deceased *mother*

CAUSES OF DEATH

27 X

PHYSICIAN
OR CORONER

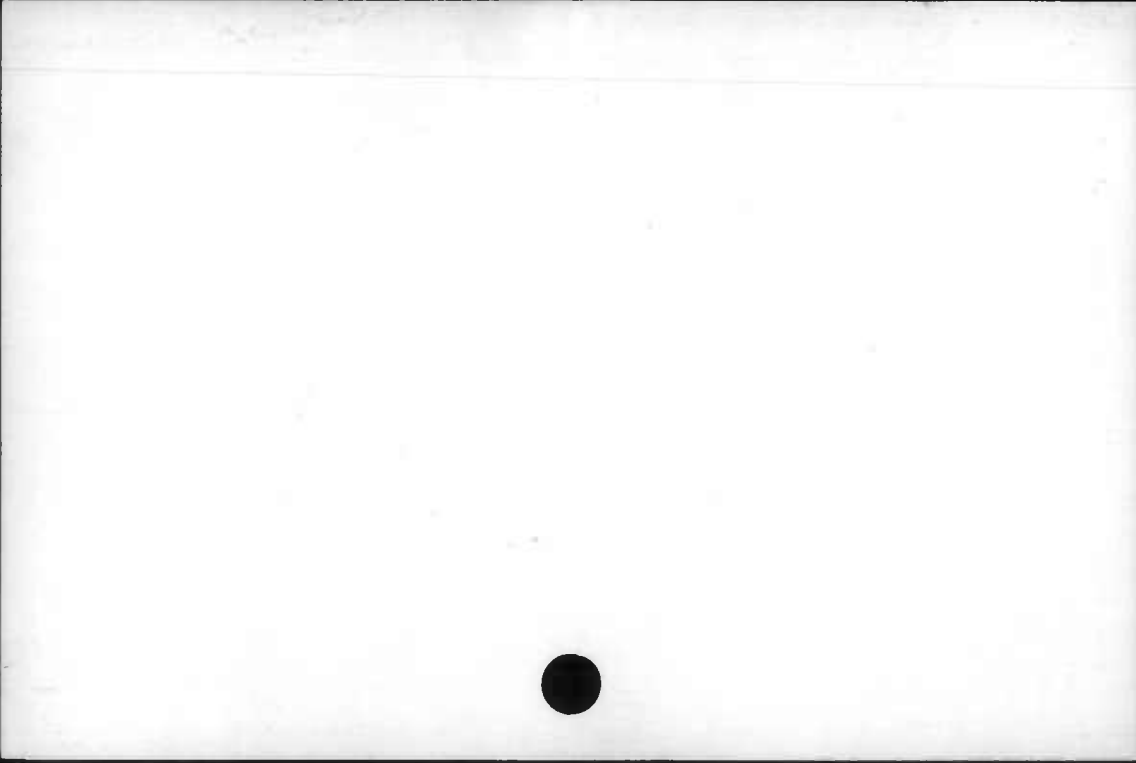
Primary *Miliary Tuberculosis* How long *4 months*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Taylor E. Dosh*

Address *Barnesville Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Louise Moore

TO BE ANSWERED BY
NEAREST FRIEND

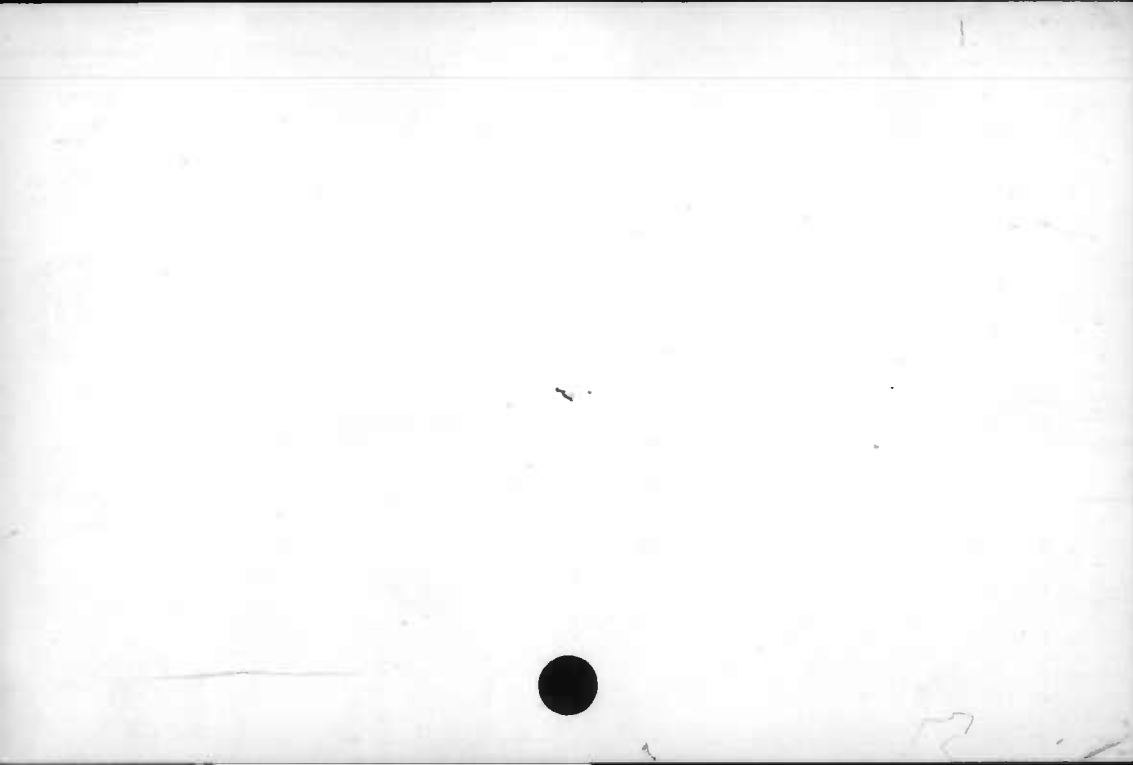
Died at <i>Kinsington</i> Town		<i>Montgomery Co</i> County		MARYLAND	
Date of death	190 <i>9</i> Month <i>July</i>	Day <i>6</i>	Age <i>10</i> Years	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Virginia</i>			
Occupation <i>School girl</i>	Where Residing if not at place of death <i>same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Everett G. Moore</i>	Father's Birthplace <i>Del</i>				
Mother's Maiden Name <i>Imogene Story</i>	Mother's Birthplace <i>V^a</i>				
Name of person giving information <i>Imogene Story Moore</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Gun shot wound in neck</i>	How long <i>5 min</i>
Immediate <i>Stomach</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis M.D.</i>
	Address <i>Kinsington Md</i>
Accident or Suicide <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alfred Momminger

Town

County

Died at BarnesvilleMontgomery

MARYLAND

Date

Month

Day

Year

Month

Days

of death 1909

July

8th

Age

1

6

Sex

Male

Color or
Race

White

Birth-
place

Barnesville

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HuabandFather's
Name

Chas. Momminger

Fether's
Birthplace

Ind

Mother's
Malden Name

Annie Kester

Mother's
Birthplace

Ind

Name of person giving
Information

Chas Momminger

How related
to deceased

Father

CAUSES OF DEATH

167

Primary

Burn of 4th degree

How long

8 hours

Immediate

u

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

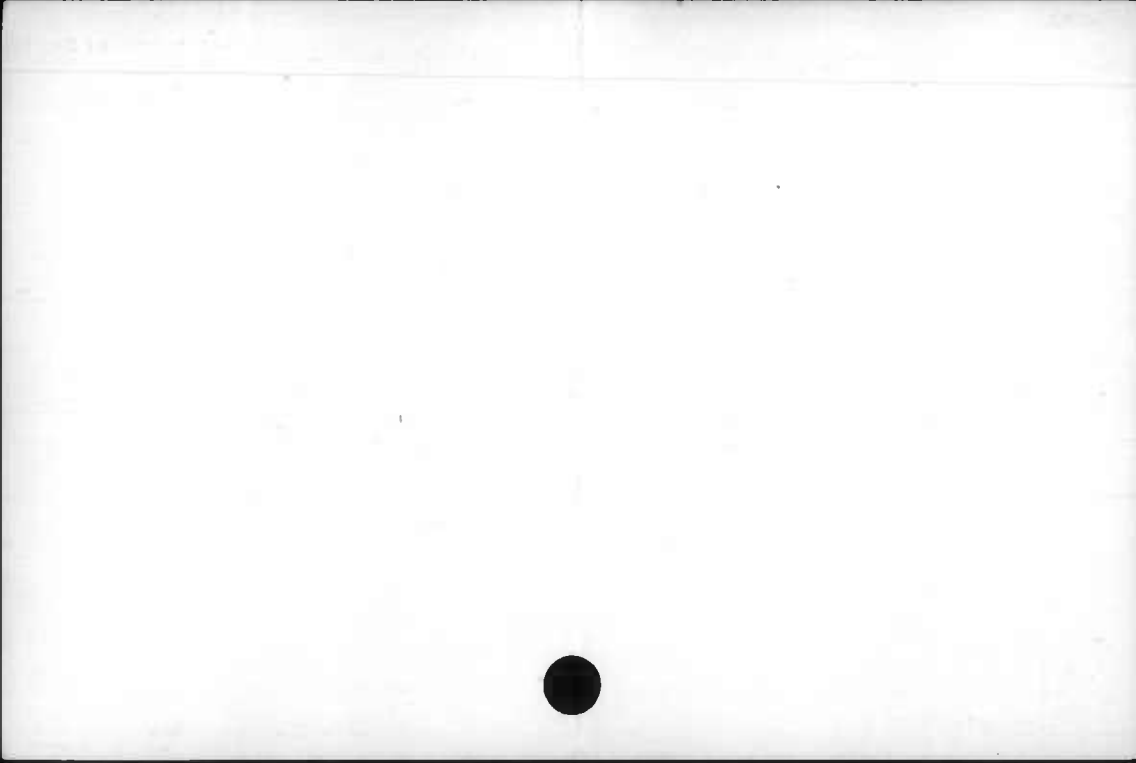
Taylor E. Doby

Address

Barnesville Ind

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Montgomery Chase* ^{Town} *Montgomery* ^{County}
 Date of death *1909 July 17* ^{Month} ^{Day} ^{Years} ^{Months} ^{Days}
 Sex *Male* Color or Race *white* Birth-place *MD*
 Occupation *none* Where Residing if not at place of death *same*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Henry Moxley* Father's Birthplace *VA*
 Mother's Maiden Name *Courtney* Mother's Birthplace *VA*
 Name of person giving Information *Physician* How related to deceased *not at all*

CAUSES OF DEATH

105

Primary *Enteric Colitis* How long *2 weeks*
 Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

W. L. Lewis
Kensington MD

Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Hannah B. Pitner

Town

County

MARYLAND

Died at

Takoma Park

Montgomery

Date

Month

Day

Years

Months

Days

of death

1909

July

22

Age

88

X

X

Sex

Female

Color or
Race

white

Birth-
place

Columbia Pa

Occupation

none

Where Residing if not
at place of death

Pa

Married, Single
or Widowed

widow

Name of
Husband

Samuel Pitner

Father's
Name

John Ernest

Father's
Birthplace

Pa

Mother's
Maiden Name

Elizabeth Pitner

Mother's
Birthplace

Pa

Name of person giving
information

E. W. Pitner

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Arteriosclerosis with heart disease

How long

Has indefinite period

Immediate

Exhaustion

How long

20 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Alfred T. Parsons

Address

Takoma Park, Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

L.M. Mooers,

Registrar for Takoma Park Md,

Name
in
Full

Guoy T. Pollock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Baltimore Town Montgomery County
Date of death 190 9 Month July Day 6 Age 48 Years Months 6 Days 6

Sex Male Color or Race White Birth-place Scotland

Occupation Lawyer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Core L. Pollock

Father's Name John Pollock Father's Birthplace Ireland

Mother's Maiden Name Katherine Maister Mother's Birthplace Scotland

Name of person giving Information Father John Pollock How related to deceased —

CAUSES OF DEATH

Primary Cancer of Stomach How long 40 X 6 mo.

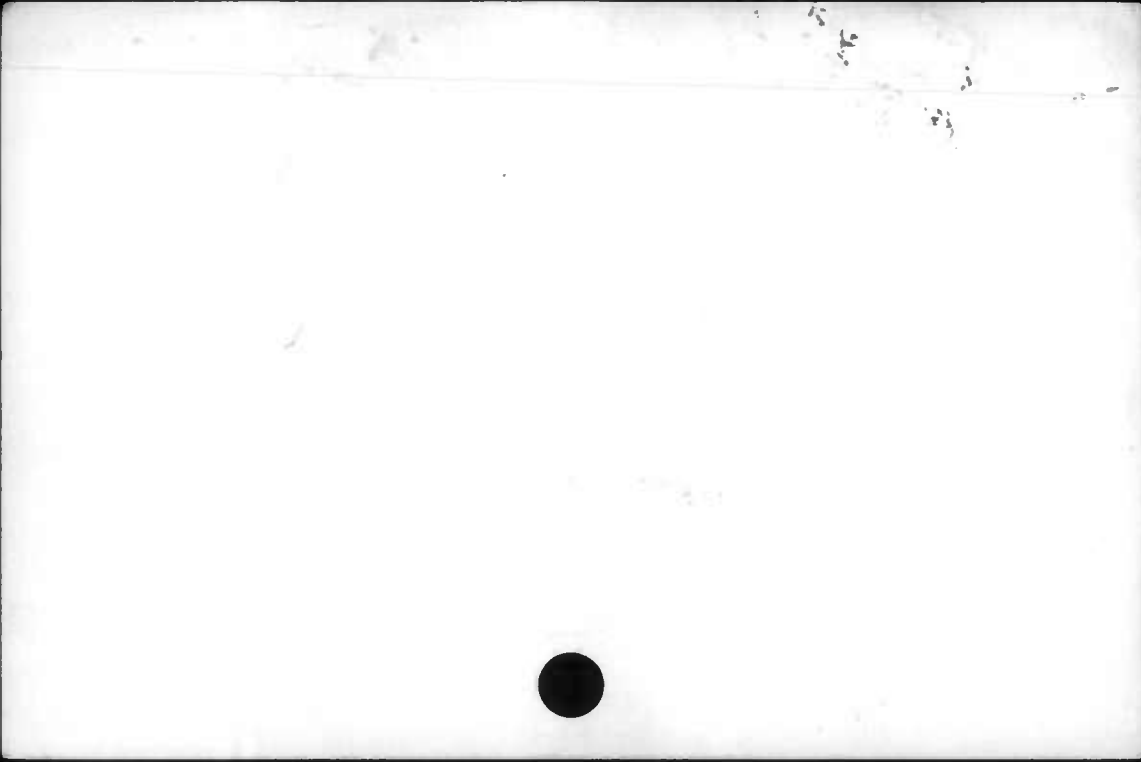
Immediate Asphyxia How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician U. D. House M.D.

Address Dumfries Rd.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

John Hayson, Poole.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

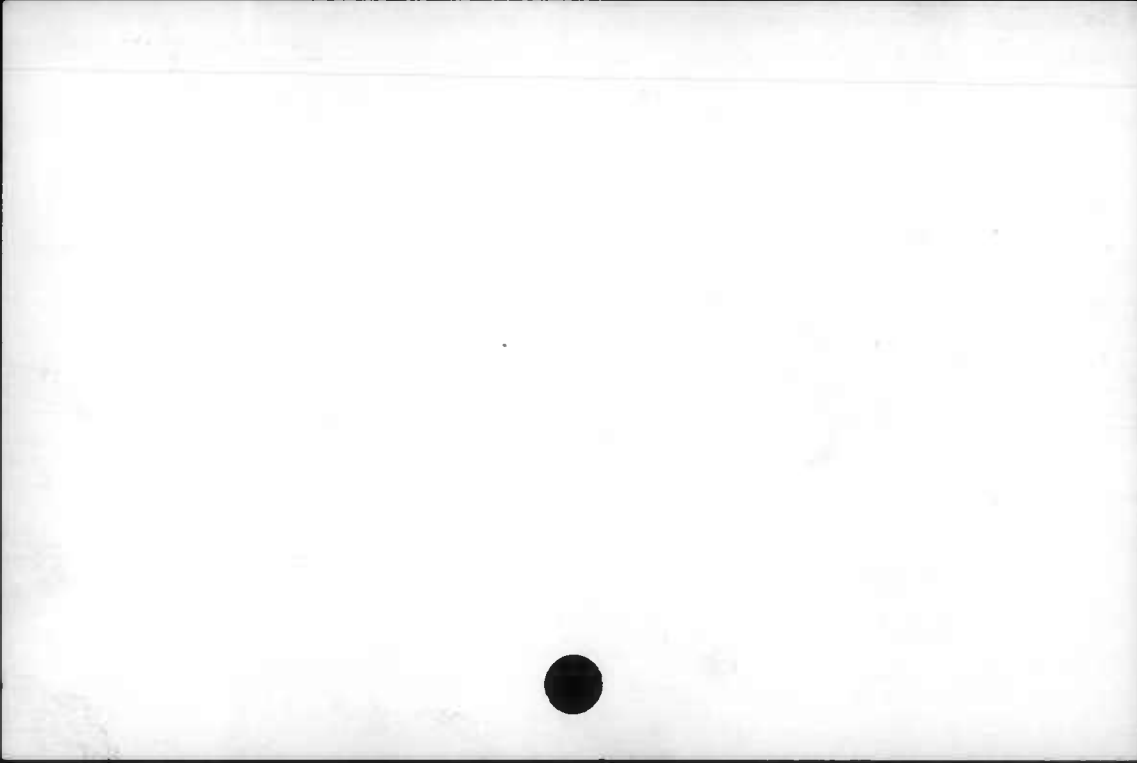
Died at		Town Travilah		County Montgomery		MARYLAND	
Date of death		Month July	Day Unknown	Age 23	Years X	Months X	Days X
Sex Male		Color or Race White		Birth- place Montg Co. Md.			
Occupation Farm Work, US Navy.		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Mary A. Poole					
Father's Name John W. Poole		Father's Birthplace Montg Co. Md.					
Mother's Maiden Name Annie A. Allen		Mother's Birthplace Montg Co. Md.					
Name of person giving Information John Hall		How related to deceased Nephew					

CAUSES OF DEATH

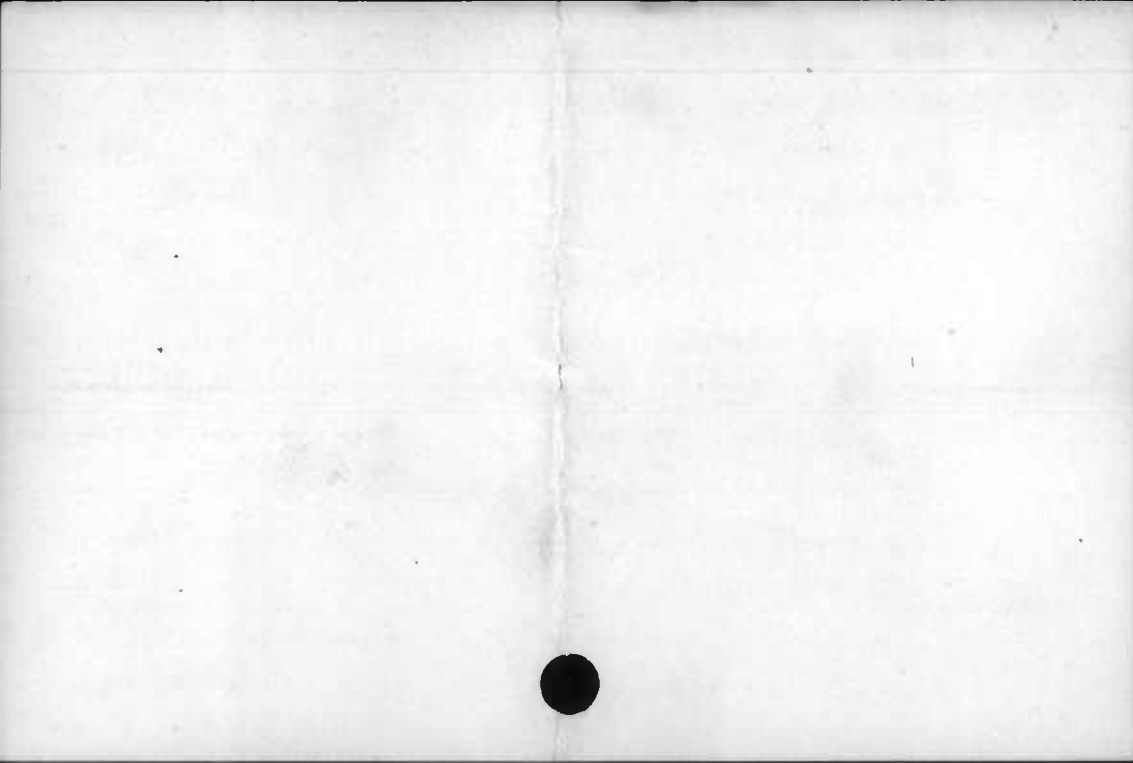
176 X

PHYSICIAN
OR CORONER

Primary	Gunshot wounds and Skull Fractures		How long	Unknown.
Immediate	Unknown.		How long	Unknown.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. J. Paul		
Yes		Address Potonac, Md.		
Accident • Suicide		Homicide Physician to Coroner.		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Germantown</i>		Town <i>Montgomery</i>		County
	Date of death: <i>1909</i>		Month <i>July</i>	Day <i>2nd</i>	Years <i>48</i>
	Sex <i>Male</i>		Color or Race <i>white</i>	Birthplace <i>Cedar Grove</i>	Months <i>9</i>
	Occupation <i>Farming</i>		Where Residing if not at place of death <i>Cedar Heights.</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laura M. Riggs</i>			
	Father's Name <i>Wm. C. Riggs</i>	Father's Birthplace <i>Cedar Grove.</i>			
	Mother's Maiden Name <i>King</i>	Mother's Birthplace <i>Kings Valley</i>			
	Name of person giving information <i>Flora C. Riggs</i>		How related to deceased <i>Daughter.</i>		
CAUSES OF DEATH					10
PHYSICIAN OR CORONER	Primary <i>La Grippe</i>		How long <i>One Month.</i>		
	Immediate <i>Capillary Bronchitis</i>		How long <i>Four Months.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>I. N. Simpers</i>		
			Address <i>Germantown, Md.</i>		
	Accident or Suicide? <i>—</i>				



Name
in
Full

Rosa Smeth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Freundling, Wash, D.C. Freundling Town County MARYLAND

Date of death 1909 July 24 Month Day Age 0 Years 4 Months 30 Days

Sex Female Color or Race white Birth-place D.C.

Occupation ✓ Where Residing if not at place of death ✓

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

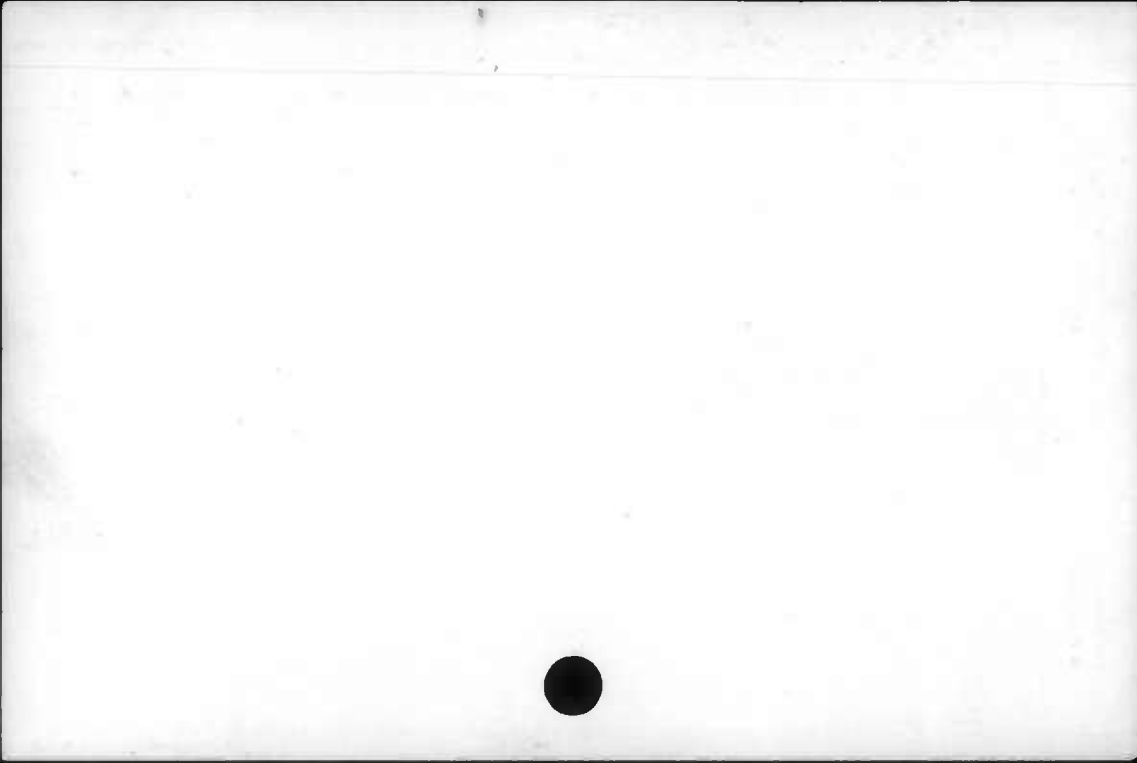
Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

William Smith

CERTIFICATE OF DEATH

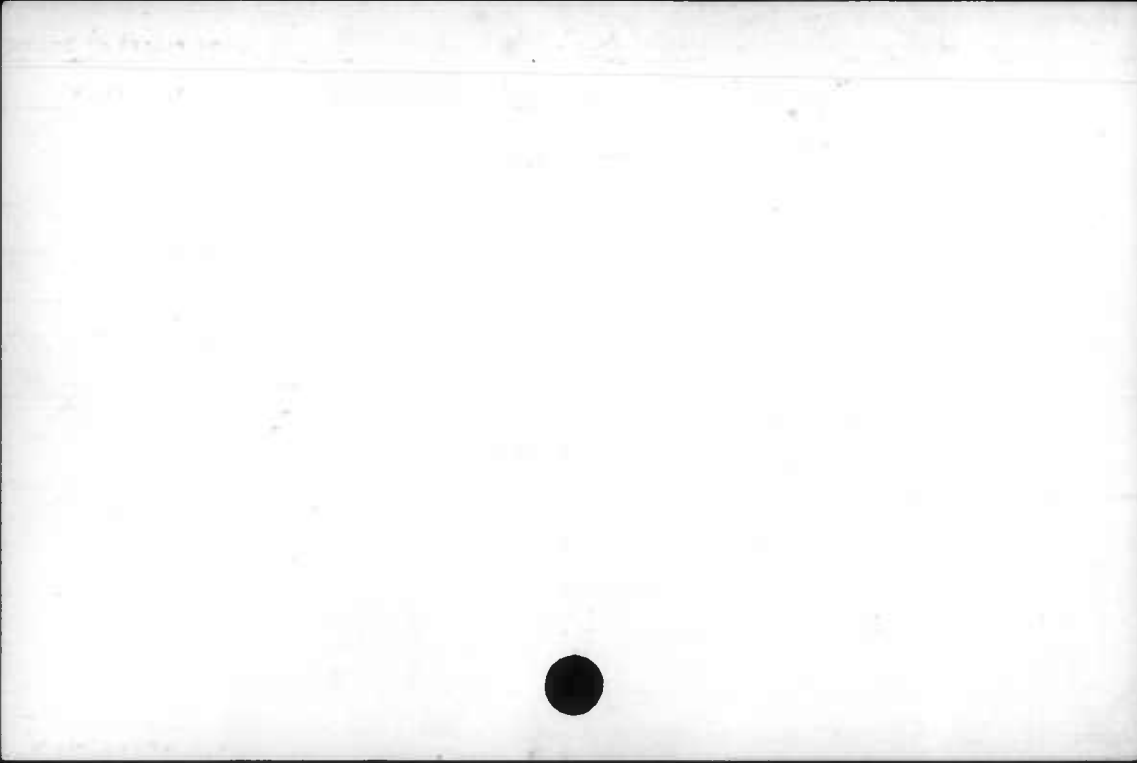
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Franklin Hosp, Bethesda Montgomery</i>		Town <i>Bethesda</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month	July	Day	30	Age	0
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>D.C.</i>		Months	7
Occupation <i>none</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		Mother's Name <i>Unknown (Foundling)</i>		Mother's Birthplace <i>✓</i>	
Name of person giving Information <i>Mrs. Kilkenny, Sept.</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Whole Life</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Lewis M.D.</i>
	Address <i>Bethesda, Md.</i>
Accident or Suicide	



Name
in
Full

Edward Mitchell Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

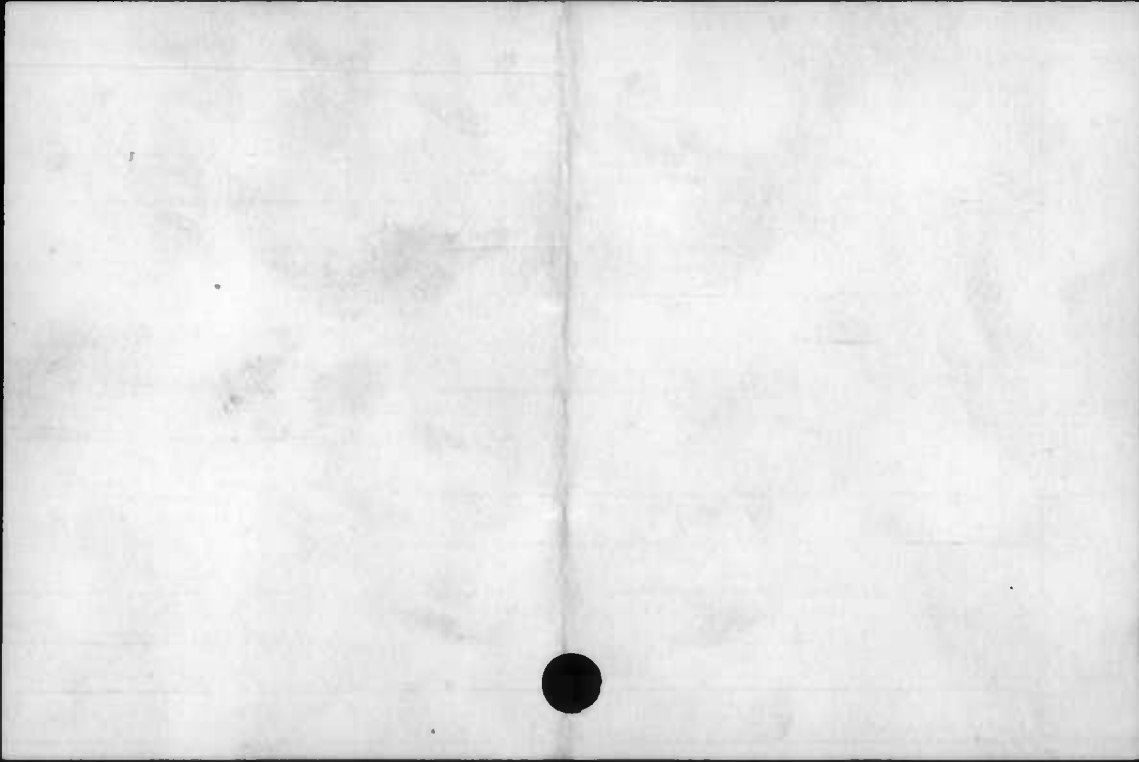
Died at		Town Mt Zion		County Montgomery		MARYLAND	
Date of death	1909	Month July	Day 27	Age Years	Months 2	Days 21	
Sex	Male		Color or Race	Colored		Birth- place	Montgomery Co
Occupation	—			Where Residing if not at place of death			—
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				William Stevenson			
Father's Birthplace				Montgomery Co			
Mother's Maiden Name				Martha Gaster			
Mother's Birthplace				Montgomery Co			
Name of person giving In formation				James Gaster			
How related to deceased				Half brother			

CAUSES OF DEATH

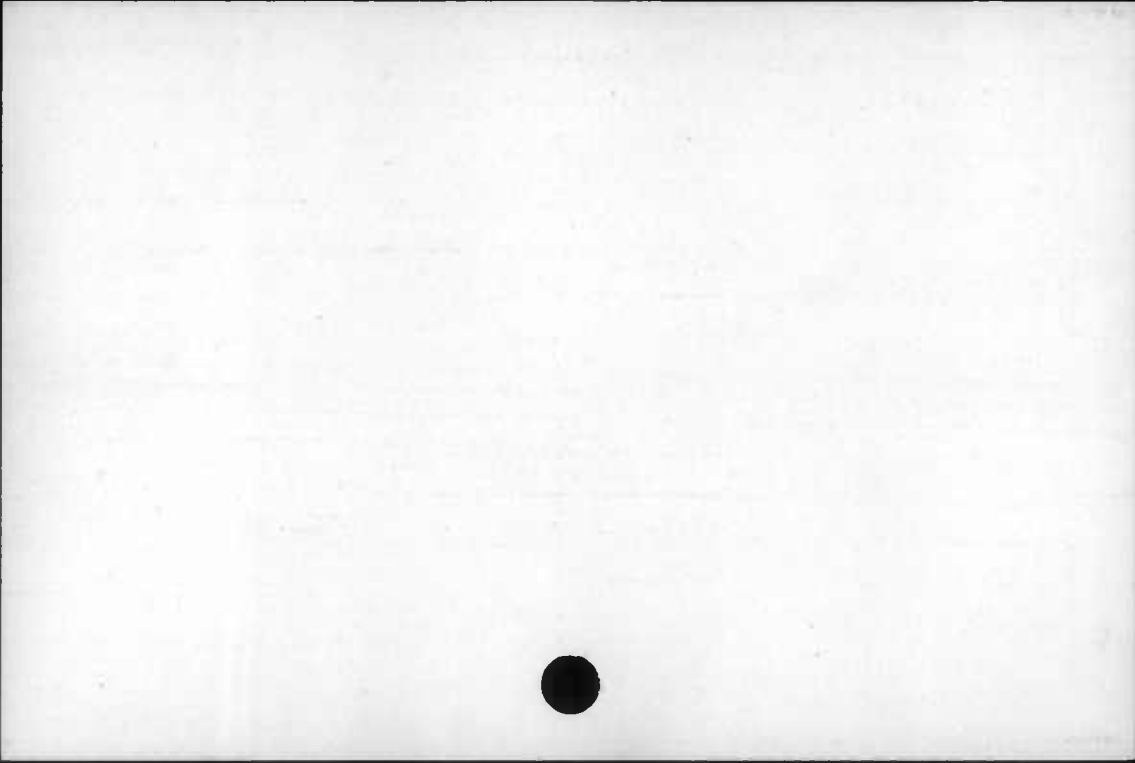
151

PHYSICIAN
OR CORONER

Primary	Quarantined	How long	six weeks
Immediate	General Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Stevenson	
Address		Raytownville	
Accident or Suicide?		No	



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Olney</i> <small>Town</small>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
	Date of death <i>1909</i>	Month <i>July</i>	Day <i>4</i>	Years <i>-</i>	Months <i>-</i> Days <i>11</i>	
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co., Md.</i>		
	Occupation <i>None</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
	Father's Name <i>George Marshall Thomas</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
	Mother's Maiden Name <i>Mildred Selby</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>George Marshall Thomas</i>			How related to deceased <i>Father</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Mal nutrition</i>			How long <i>4 days</i>		
	Immediate <i>Convulsions</i>			How long <i>24 hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Chas. Farquhar</i>		
				Address <i>Olney Md</i>		
Accident or Suicide?						



Name in Full		B. H. Thornton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Years	Months	
	Sex		Color or Race		Birth-place		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
		CAUSES OF DEATH		<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">154</div> X			
PHYSICIAN OR CORONER	Primary		Old age and senility		How long		
	Immediate		Inanition		About one month		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?				Chas. Farguhar, H. O. Olney, Md.			



Name in Full		Florence Beatrice Wallace				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Laytonville	County Montgomery		MARYLAND	
	Date of death	1909	Month July	Day 21	Age 1	Years 1	Months 4
	Sex	Female		Color or Race	Colored		Birth-place Laytonville Md
	Occupation	—			Where Residing if not at place of death —		
	Married, Single or Widowed	—		Name of Wife or Husband —			
	Father's Name	Albert Wallace				Father's Birthplace	Montgomery Co
	Mother's Maiden Name	Lula King				Mother's Birthplace	Montgomery Co
Name of person giving information		Harry King				How related to deceased	Grandfather
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="position: absolute; right: 0; top: 0; border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; font-size: 24px;">105</div>							
PHYSICIAN OR CORONER	Primary	Enteric Colitis				How long	Three weeks
	Immediate	General Exhaustion from Enteric Colitis				How long	" "
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W H Byrson		
					Address Laytonville		
	Accident or Suicide?						



Name
in
Full

Blanche Nicholson Washburn

CERTIFICATE OF DEATH

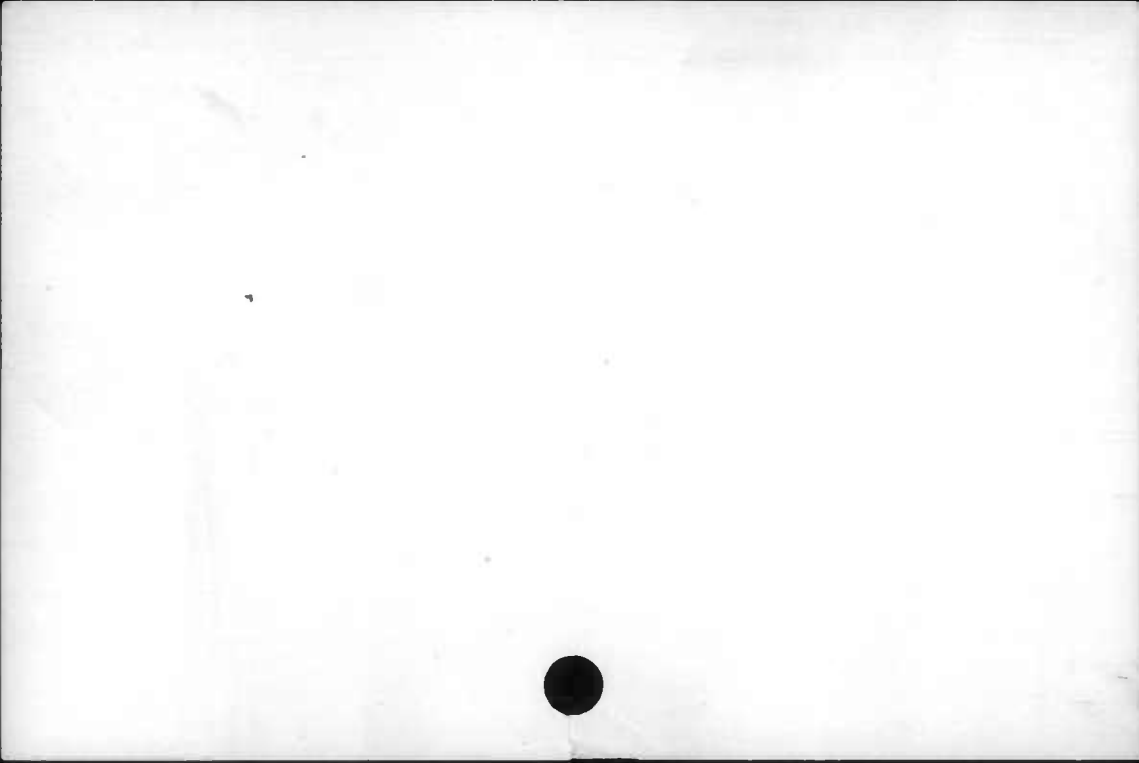
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockville		County Montgomery		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1909	July	28	33				
Sex	Femaler		Color or Race	White		Birth- place	Wash D.C.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Morgan Washburn			
Father's Name	Leonard Lippenard Nicholson			Father's Birthplace	Wash D.C.		
Mother's Maiden Name	Sue C Bawner			Mother's Birthplace	Md.		
Name of person giving Information	Bawner Nicholson			How related to deceased	Brother		

CAUSES OF DEATH

Primary	Chronic Bright's Disease	How long	2 years
Immediate	Haemic Convulsion	How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Clairborne H. Mannar
Yes		Address	Rockville.
Accident or Suicide		No	

PHYSICIAN
OR CORONER



Name
in
Full

Emma Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	20	56			
Sex	Female	Color or Race	Mulatto	Birth-place	Barnesville, Mo.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wilson Husband			
Father's Name				Father's Birthplace			
Bennett Lee				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving Information				How related to deceased			
Friedrich Harris				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular disease of the heart	How long	2 yrs
Immediate	Tragic Effusion	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. E. Deets	
		Address	
		Clarksburg, Md.	
Accident or Suicide			



Time
In
Full

Year Woodward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Washington ^{County} Prince George's		MARYLAND	
Date of death	1909	Month	July
	Day	22	Age
	Years	6	Months
	Days		
Sex	Female	Color or Race	White
Birthplace	Washington D.C.	Occupation	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name	Frank A. Woodward	Father's Birthplace	D.C.
Mother's Maiden Name	Grace A. Dowling	Mother's Birthplace	D.C.
Name of person giving information		How related to deceased	

CAUSES OF DEATH

55

PHYSICIAN
OR CORONER

Primary	Auto - Intoxication	How long	24 hours
Immediate	Exhaustion	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. C. Elchison
		Address	Southsburg D.C.
Accident or Suicide?			



Name in Full		Certificate of Death			
Essie Young		Rockville		Montgomery	
Died at		County		MARYLAND	
Date of death		1909	July	28th	Age 8
Sex		Female	Color or Race	Black	Birth-place
Occupation		Ind			
Where Residing if not at place of death					
Married, Single or Widowed		single	Name of Wife or Husband		
Father's Name		Arthur Young	Father's Birthplace		
Mother's Maiden Name		Louise Pickett	Mother's Birthplace		
Name of person giving information		Charles Stevens	How related to deceased		
		CAUSES OF DEATH		90	
Primary		Bronchitis		How long	
Immediate		Bronchitis		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address	
				Rockville	
Accident or Suicide?		Ind.			

